SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective $\frac{12/1/2006}{}$.

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto	2,509,416	0.0%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety 8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization	filing follows rates of a	n advisory
* Adjusted to reflect all prior of the state	vel which will	
	Alletato Inguranco	Company
	Allstate Insurance Name of Compar	
	32 33mpar	•
Kell	y S. Urban - Senior Sta Official - Tit	te Filings Analyst

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective	11/1/2006
(1)	(2) Annual Premium Volumo (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	<u>Volume (Illinois)*</u>	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto	\$330,677 (for ALTRU Program)	6.1%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		<u></u>
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
revision filing to Arch Insurance Compa EPL. The revisions in this filing will prov	rs rates of an advisory organization, spec ny's currently approved ALTRU program f ride a more refined industry class structure ing plan and explanatory memorandum for a	iling for Non-Profit D&O Liability and and additional coverage options for
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wi	hich will result from application of new rates Arch	Insurance Company Name of Company Official Title ISURANCE OIS/IDFPR
	OCT 25	

Change New Bu	in Company's premium or rate le siness: <u>10/18/2006</u> Renewal	vel produced by rate revis	ion effective:
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
4.	Liability Other Than Auto Burglary and Theft	\$8,038,678	-2.0%
	Glass	<u>-</u>	
	Fidelity		
	Surety Boiler and Machinery		
	Fire		
	Extended Garage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	DIVISION OF INSURANCE	
	Other	STATE OF ILLINOISADEPR	
10.	Line of Insurance	HECHINGE	
		OCT 2 6 2006	
Does fi so, spe	ling only apply to certain terr cify? No	itory (territories) or cer SPRINGFIELD, ILLINOIS	tain classes? If
	escription of filing. (If filiorganization): Rate & Rule Ro		dvisory organization,
			
	mated from Inforce Premium. ge in Company's premium level w	hich will result from appl	ication of new rates.

Auto-Owners Insurance Company
Name of Company

Emily Chmit
Emily Schmit, Assistant Manager
Commercial Prop. & Liab. Actuarial

. in . 3

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2007

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	11,075	0%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.			
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other ·		
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	
NO			
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify org	ranization)·
	tion of ISO Filing Designation numbers GL-2006-		
	3 3		
*Ad	justed to reflect all prior rate changes.		
**Cl	nange in Company's premium level wh	nich will result from application of new rates.	
		Crum & Forster Indemnity Com	pany
			me of Company
		Ruth A. Overholser, Regulatory	Compliance Analyst
		· · · · · · · · · · · · · · · · · · ·	Official - Title



	Change in Company's premary revision effective	ium or rate level produced 1/1/2007 .	by rate
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	4,677,272	-0.4%
4.	Burglary and Theft		
5.	Glass OF INSURANCE	=	
6.	Glass Fidelity DIVISION OF INSURANCE STATE OF ILLINOISIDEPR	'	
7.	Surety		
8.	Boiler and Machipery 1 7 2006		
9.			
10.	Extended Coverage	015	
11.	Extended Coverage Inland Marine SPRINGFIELD, ILLING		<u></u>
12 .	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	es filing only apply to certain territory (te	•	•
Brie	of description of filing. (If filing follows ra	ates of an advisory organizati	on, specify organization):
In	troducing new class code 36150.		, ,
	ti oddcing new class code 30130.		·· <u></u>
** C	Adjusted to reflect all prior rate chan change in Company's premium level wh rill result from application of new rates.	ges. ich	Forderstand Marking) Incomes
			Federated Mutual Insurance Company
		N	ame of Company
			Dan Filzen – Vice President Official - Title

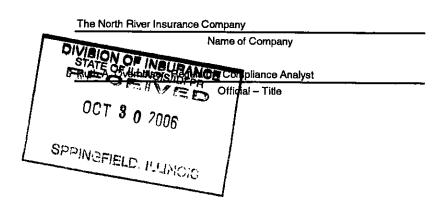
	revision effective	1/1/2007 .	by fale
	(1)	(2) Annual Premium	(3) Percent Change (+ or -) **
	<u>Coverage</u>	Volume (Illinois) *	Charige (+ oi -)
1,	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	263,489	-0.5%
4.	Burglary and Theft		
5.	Glass	ICE	
6.	Glass Fidelity DIVISION OF INSURAN STATE OF ILLINOIS/IDEP	R	
7.	Surety State of ILLINOIS		
8.	Boiler and Machinery CT 1 7 2006		
9.	Fire \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10.	Extended Coverage	uois	
11.	Extended Coverage Inland Marine SPRINGFIELD, ILLIN		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
 Brie	es filing only apply to certain territory (ternis filing applies only to Types of Busines of description of filing. (If filing follows rate troducing new class code 36150.	ss 037. See Summary Page	1 proposed change.
	Adjusted to reflect all prior rate chang	ges.	
** C	change in Company's premium level which it is the change in Company's premium level which it is the change in Company's premium level which is the change in the chang	ch	Federated Service Insurance Company
			me of Company
			Dan Filzen – Vice President
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2007

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	4,902,260	0%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·
7.	Surety		*· · · · · · · · · · · · · · · · · · ·
8.	Boiler and Machinery		
9.	Fire		
10.			
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Une of Insurance		
Doe	s filing only apply to certain territory (territories) or certain classes? If so, specify:	
	f description of filing. (If filing follows tion of ISO Filing Designation numbers GL-2006-	rates of an advisory organization, specify org RZIP1 and GL-2006-RZPLC.	anization):

^{**}Change in Company's premium level which will result from application of new rates.



^{*}Adjusted to reflect all prior rate changes.

Change New 1	e in Company's premium or rate le Business: <u>10/18/2006</u> Renewal	vel produced by rate rel Business: 12/17/2006	vision effective: —
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$8,809,626	-2.0%
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
8. 9.	Surety Boiler and Machinery Fire		
10.	Extended Garage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Businessowners		
14. 15.	Crop Hail Other		
13.	Line of Insurance		
Does :	filing only apply to certain terr pecify? No	itory (territories) or	certain classes? If
Brief speci	description of filing. (If fili fy organization): Rate & Rule R	ng following rates of a evision	n advisory organization,
			DIVISION OF INSURANCE
* Es	timated from Inforce Premium.		MEGEIVED
** Ch	timated from Inforce Premium. ange in Company's premium level w	hich will result from a	ppličátióh of New rates.
		ĺ	SPRINGFIELD, ILLINOIS
		Ormara	Ingurange Company
			Insurance Company ne of Company
		£ m	elyChnit
			t, Assistant Manager
			rop. & Liab. Actuarial

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate in	evel produced by rate revision effective	May 1, 2007
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinols)*	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	1,417,890	-1.8%
Burglary and Theft	1,417,000	-1.070
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other		
Line of Insurance		
Does filing only apply to certain territory ((territories) or certain classes? If so, specify: <u>h</u>	No
Brief description of filing. (If filing follows of Insurance Services Office, Inc. (ISO) F	rates of an advisory organization, specify orgerofessional Liability Loss Cost Revision.	ganization): <u>This filing is an adoption</u>
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.	
	Praetorian	Insurance Company
	Na	me of Company
	Mina I Liva	ng Chief Bick Office-
		ng, Chief Risk Officer Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

OCT 23 2006

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

•	revision effective Septem	or rate level ber 29, 2006	produced.	by rate	
-	(1)	(2) Annual Premi	ıım	(3) Percent	
	Coverage	Volume (Illino		Change (+ or	-)**
1.	Automobile Liability				
	Private Passenger Commercial				
2.	Automobile Physical Damage				
	Private Passenger	•			
3.	Commercial .Liability Other Than Auto				
4.	Burglary and Theft	*1,865,198	···	+2%	
5. 6.	Glass				
7.	Fidelity Surety				
8.	Boiler and Machinery				
9. 10.	Fire Extended Coverage				
11.	Inland Marine				··
12.	Homeowners				
13. 14.	Commercial Multi-Peril Crop Hail				
15.	Other .				
	Line of Insurance	August 31, 200			
0.1.0.	s filing only apply to certain sses? If so, specify: Filing classifications excluding terrorism	applies to all c	rritories ommercial) or certain casualty ratin	g
Brie orga	ef description of filing. (If anization, specify organization	filing follows 2): <u>Increasing</u>	rates of the <u>cas</u> ua	f an advisory alty rating fac	tor
for	\$1 Million liability limit to 1.342	of the develope	ed \$500.98	Marie ium in	
	.171 of the developed \$500,000			ALL SAY, NEUEX	VOE 1
<u> </u>	version developed vovo, voo	premium effecti			5-/
^ ^ C	djusted to reflect all prior r hange in Company's premium levesult from application of new	rel whith will	SPAIR	OCT 0 4 2006	
			Springfi		sualty Company
1.0	2 9 21 9 6		Vin	Xelso L	Goran

Mrs. Kim Kelso Leonard Secretary & Vice President

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective _	11/1/2006 for NB & 1/1/2007 for Ren.
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	\$36,678,018	<i>+</i> 24.5%
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain classes? If so, speci	fy: No.
Dist description of 51: (16.51: 6.11		
Brief description of filing. (If filing follows by coverage and class.		
by coverage and class.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh		ec.
Change in Company's premium level wi	not waiteout nom application of new rat	c 3.
	State Farm	n Fire and Casualty Company

State Farm Fire and Casualty Company
Name of Company

Gregory S. Girard - Actuary & Assistant Secretary-Treasurer
Official - Title





ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2007

1 339	
	0%
ories) or certain classes? If so, specify: of an advisory organization, specify org and GL-2006-RZPLC.	anization):
Nai	ne of Company
	of an advisory organization, specify org and GL-2006-RZPLC. vill result from application of new rates. United States Fire Insurance Co



Change in Company's premium or rate level produced by rate revision effective (2) (3) (1) **Annual Premium** Percent Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto \$761,210 0% 3. 4. Burglary and Theft 5. Glass Fidelity 6. 7. Surety 8. Boiler and Machinery 9. Fire **Extended Coverage** 10. Inland Marine 11. 12. Homeowners Commercial Multi-Peril 13. 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Alarm Installation & Monitoring Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing 3 new class codes to be used for our Alarm Installation & Monitoring program.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Co.
Name of Company

Becky White, Pricing Tech
Official - Title

H29219D

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

Form (RF-3)

OCT 3 0 2006

	(1)	(2)	(3)
	(-)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$1,263,117	0%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Line of Insurance		
	Direct Historia		
		erritories) or certain classes? If so, specify	
port	ts & Leisure Class of Business (Healt	th Clubs and Amusement Rentals/Bounce I	Houses)
ief.	lassription of filing (If filing follows	s rates of an advisory organization specify	organization):
		s rates of an advisory organization, specify	organization):
ilin	g 2 new General Liability class codes	s to be used for our Health Club Program.	
ilin	g 2 new General Liability class codes		
Filin	g 2 new General Liability class codes	s to be used for our Health Club Program.	
Filing	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bou	
iling iling Ac Cl	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bou	
iling iling A	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bou	
Filing Filing A C	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bou	
Filing Filing A C	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bou	
Filing Filing A	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bounces. es. which will	ince House Program.
iling iling A	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bounces. es. which will	nce House Program. Bend Mutual Insurance Co.
Filing Filing	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bounces. es. which will	ince House Program.
Filing Filing * A	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bounces. es. which will West	Bend Mutual Insurance Co. Name of Company
Filing Filing * Ac	g 2 new General Liability class codes g 3 new General Liability class codes djusted to reflect all prior rate change hange in Company's premium level v	s to be used for our Health Club Program. s to be used for our Amusement Rental/Bounces. es. which will West	ince House Program. Bend Mutual Insurance Co.